

Operating Engineers Health & Welfare Fund

Appointment of Personal Representative

Name of Participant or Beneficiary: _____
Social Security Number: _____
Mailing address: _____

Phone: () _____

I hereby designate: _____
(Name of Personal Representative)
Relationship to Participant or Beneficiary _____
Mailing address: _____

Phone: () _____

to act on my behalf or on behalf of: _____
(Name of Dependent)

I authorize my Personal Representative to act for me (and for my covered spouse or dependent, if named above,) in receiving any information that is (or would be) provided to me as a participant/beneficiary of the plan, including but not limited to, any information that relates to my claim for coverage or benefits under the Plan and any individual rights that I have regarding my protected health information under HIPAA.

I understand that this designation is subject to approval by the Plan. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Plan Office.

I certify that I have reviewed the Plan's Policy for Recognition of Personal Representative.

(Participant or Beneficiaries' Signature)

(Date)

(Personal Representative's Signature)

(Date)